



Planning & Development
Department

BOARD OF ADJUSTMENT APPLICATION



APPLICATION MUST BE COMPLETED IN FULL

ALL FEES ARE DUE AT TIME OF APPLICATION AND ARE NON-REFUNDABLE

REQUEST:

Description of Request: _____
Existing Use of Property: _____
Existing Zoning District: _____
Requested Zone: _____
Related Case Number: _____

PROPERTY INFORMATION:

Address (if known): _____
General Location (include nearest city/town): _____
Size in Acres: _____ Square Feet: _____
Legal Description: Section: _____ Township: _____ Range: _____
Assessor's Parcel Number: _____
Subdivision Name (if applicable): _____

APPLICANT INFORMATION:

Name: _____ Contact: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone #: _____ FAX #: _____
E-mail Address: _____

PROPERTY OWNER INFORMATION:

Name: _____ Contact: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone #: _____ FAX #: _____
E-mail Address: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT USE ONLY:

Case #:	Zoning Map #:	Supervisory District:
Date of Submittal:	TAC Date:	Zoning Ord. Section:
Fees:	Accepted By:	